



Duplication Request Form

.....Date Time

Name **Check One:** Student Faculty Staff

Workcenter or Student Organization

**Student Organizations must be approved by Asst Dean or Faculty Advisor*

Asst Dean or Faculty Advisor _____
Signature or Initials

Short Title or Description of Document(s) to be Duplicated

Number of Copies

Please Remove all Staples from Documents

Check All that Apply

Paper Size 8.5x11 <input type="checkbox"/> 8.5x14 <input type="checkbox"/> 11x17 <input type="checkbox"/>		Reduce Size <input type="checkbox"/> Enlarge Size <input type="checkbox"/> Auto Center Each Page <input type="checkbox"/>	
3-Holed Punched <input type="checkbox"/> HUSL Letterhead <input type="checkbox"/> Bond <input type="checkbox"/>		Color Paper: 1st Choice <input type="text"/> 2nd Choice <input type="text"/>	
Covers No Covers <input type="checkbox"/>		Front Cover: <input type="checkbox"/> Color <input type="text"/>	
		Back Cover: <input type="checkbox"/> Color <input type="text"/>	
Front and Back Cover: <input type="checkbox"/> Color <input type="text"/>			
Portrait <input type="checkbox"/> Landscape <input type="checkbox"/>	Collated <input type="checkbox"/> Uncollated <input type="checkbox"/>	Lighten Copies <input type="checkbox"/>	Darken Copies <input type="checkbox"/>
Page Divider <input type="checkbox"/>	Chapter Divider, Right Side <input type="checkbox"/>	Chapter Divider, Left Side <input type="checkbox"/>	
1 -1 Sided (Copy Front Only) <input type="checkbox"/>		2 -2 Sided (Front and Back) <input type="checkbox"/>	
1 - 2 Sided (Convert Two Pages to One, Front and Back) <input type="checkbox"/>			
2 -1 Sided (Two Sided Page Converted to One Side) <input type="checkbox"/>			
No Staple <input type="checkbox"/>	1 Staple <input type="checkbox"/>	2 Staples <input type="checkbox"/>	
Transparencies Request <input type="checkbox"/>			

Other Information _____

Date and Time Desired _____ (Please Allow 2.5 Hours Minimum)

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